

I. Introduction

The Modoc County Child Welfare System Improvement Plan is an outcome of the AB 636 Self Assessment conducted by the Modoc County Child Welfare Community Stakeholders, including Probation, Health Services, and the Courts. This work was done under the auspices of the Modoc County Drug Court/Prop 36 Steering Committee (DCSC) as part of the planning and development of a Dependency drug court. The mission statement for the dependency drug court adopted by the DCSC is:

The Dependency Drug Treatment court, through a collaborative effort, seeks to ensure that every child has a safe, stable, and nurturing environment by focusing on healthy and sober parenting and permanency planning, including family reunification.

This was written before any of the committee members saw the vision statement of the CWS Redesign Project. The similarity did not escape anyone and the DCSC agreed to assume oversight over the CWS Redesign and AB 636 Child and Family Services Review.

Building on the collaborations and programs of the DCSC, Modoc County started the AB 636 Self-Assessment process early to better facilitate the redesign process with the intent of building the dependency drug court into the local CWS Redesign. The Modoc AB 636 Self-Assessment Team created surveys, which were sent out to all public and private agencies and Tribes. Twenty responses were received from law enforcement, probation, school entities, employment and training programs and various service providers. The questions on the survey's were primarily directed to the AB 636 outcome measures: safety of children from abuse and neglect, ability to safely maintain children in their home, ability of family relationships to address the needs of children, that the children receive adequate services and that youth are prepared for transition into adulthood.

Modoc County has very small population, less than 10,000 located in a very large geographic area of 4,100 square miles, which make staffing, funding and transportation difficult elements in the delivery of child welfare services. However, after a state Compliance Review process in 2002 Modoc County proactively started a process to improve the well being of children in Modoc County before the requirements of the AB 636 Improvement and Accountability Act.

II. Modoc County System Strengths and Areas Needing Attention

Modoc County Child Welfare System Strengths:

1. Strong commitment by Administration to improve the Modoc County Child Welfare System.
2. Strong collaboration among public agencies such as Child Welfare Services, Probation, and Health Services (which includes Mental Health, Alcohol and Drug Services, and Public Health), community-based organizations such as T.E.A.C.H. (which includes most of the crisis, early intervention, and prevention services) and Modoc First Five, Education, and the Courts.
3. A commitment by County Administration and the Director of the Modoc County Welfare Services to reduce employee turnover and to ensure all Children's Services staff receive initial and ongoing training.

Areas needing Attention in the Modoc County Child Welfare System:

1. Safety Outcome - 1A/1B Recurrence of Maltreatment; and 2A: Rate of Recurrence of Abuse and/or Neglect in Homes where Children were not removed;

The rates of recurrence of maltreatment in Modoc County are quite high prior to 2004 because of staffing problems and lack of a coordinated community response to abuse and neglect

With Dependency Drug Treatment Court as the primary strategy, it is the intent of the Department and its partners to reduce the number of children re-entering the Child Welfare Services who have previously received services because of a sustained maltreatment allegation. The goal is to be at or below the national standard of 6.1%.

Since substance abuse is one of the major factors triggering a referral and investigation, it is the county's intent to offer a multi-agency program to parents that is supportive of recovery and includes accountability to the court, intense support by a multi-disciplinary treatment team, and client involvement in decision-making. At present the program is being offered to parents whose children have been removed or are at high risk of removal without drug court intervention. In the future the program will be offered to other families where substance abuse is a problem but removal is not imminent.

Full staffing allows social workers to spend more time with families. A structured decision-making and risk assessment process would more consistently match the children/families to appropriate services, which should reduce the likelihood of re-entry into the system.

2. Safety Outcome – 2B Increase percent of Child Abuse/Neglect referrals made in a Timely Manner;

Maintain at a minimum the current levels of Immediate and 10 referral responses at Federal 90% standards and strive for the county goal of 100%. This item is included because Modoc was below the Federal 90% standard (@88.5%) in the 2nd Quarter of 2003. The county believes this was a data entry issue which has been resolved and is using the Safe Measures monitoring tool to assure Federal guidelines are continually being met.

3. Safety Outcome - 2C Timely Social Worker Visits with Child;

Prior to Q4 2003, between 84% and 89% percent of the foster care children were visited at least once a month. The Federal standard is 90% of the children and in Q4 2003 the county reached 100%. The small number of children involved tends to make the statistics somewhat volatile. Only one child visit has to be missed to fall to the Federal standard. The county has implemented policies and procedures to ensure that every child without a visit exception is seen every month but weather and illness tend to ignore those policies. Maintaining a full staff will greatly increase the probability of making timely visitations.

4. Permanency and Stability Outcome - 3E/3A Improve Reunification rates;

- i. This performance standard is only entered to assure maintenance of current 2003 100% performance. Collaboration with the Juvenile Court and the Drug Court has increased the reunification rate to 100% during 2003.

5. Permanency and Stability Outcome – 4E Rate of ICWA outcomes disproportionately high;

Currently no Native American Children are placed in Native American Homes. Social Services have made several attempts to establish relationships with the four tribes in Modoc County with little or no success. On several occasions some tribes have seemed open to establishing MOU's with Social Services; however, because of staff turnover at the Tribes all those initial Tribal decisions were revoked. Modoc County Social Services intends to continue to work with the Tribes and their representatives to develop MOUs and Native-American foster care.

6. Quality Assurance System – Establish a quality assurance system;
There is no current county-based quality assurance program for the Children’s Protective Services program other than the AB 636 process. This is a new component of the CPS program and development time will need to occur to engage and train staff on the concept and process.
7. Permanency and Stability Outcome – 3F & 3G Decrease Rate of Foster Care Re-entry;
As with recurrence of maltreatment, this is an outcome measure chosen by the DCSC to focus on for the Dependency Drug Court program. While the rate is not high by Federal standards, the collaborative believes that the rate the treatment and care children and families are provided when in the CPS program. The more successful the treatment the less potential for children to re-enter the foster care system at a later date. Drug Court is the strategy chosen to reduce the number of children returning to foster care after reunification.
8. Family Relationships and Community Connections – 4A Placing Siblings Together in Foster Care;
Modoc County has a strong commitment to maintaining sibling relationships and 25% of children in foster care are placed with ALL siblings. The county had a policy and attempts to always place siblings together. The small number of local foster care resources is the main barrier to keeping siblings in the same home. (See #10 below)
9. Permanency and Stability Outcome – Work with FFA’s to return Foster Children to Modoc County or as close to Modoc County as possible;
At this time ten of Modoc County’s twenty foster care placements, or 50% are out of county. The Department is working with the redesign stakeholders group, county staff, and the Foster Family Agencies; to develop a plan to increase local resources for foster care placements with

proximity to the family's community as the goal. The group is also discussing the feasibility of implementing a strength-based model of family intervention such as "Family-to-Family" to facilitate treatment success.

10. Increase the effectiveness of Drug Court by expanding services to provide a full range of recovery and reunification services to families and children;

Drug Court has been the most successful substance abuse treatment program in Modoc County. It has the capability of expanding and enhancing its effectiveness with the addition of additional community services that support recovery and family functioning. A huge gap has been the lack of funding for an evaluator and a full evaluation of the program. However the partners have been working together to develop a plan to share information, utilizing local data bases, that will inform DCSC on the effectiveness of programs, client outcomes, and service needs. Since such a high percent of CPS families in Modoc County are affected by substance abuse (80%) the expansion of services and the effectiveness of the Drug Court program are a key part of the Child Welfare Services Redesign.

Modoc AB 636 Child Welfare Services Redesign

1. Outcome/Systemic Factor #1

- Implement a uniform intake structured decision assessment process that uses a multidisciplinary review for case staffing and assignment. Use the safe measures data system to monitor the compliance of the intake services.
 - Train staff on the use of the structured decision making intake assessment tool.
 - Fully implement the use of the structured decision making assessment for CPS intake.
 - Coordinate the use of the “safe measures” data system with the new quality assurance program to monitor the compliance of the intake services.
 - Focus on utilizing prevention/early intervention services to families in the intake process.

Outcome #1 will address this set of indicators:

Safety:

Timely Response to Referrals: **State and Federal compliance requirement, more than 90% of cases with a timely response.**

- Modoc is currently at **93.3%** as of September 30, 2003.

Timely Monthly Social Worker Visits: **State and Federal compliance requirement, more than 90% of cases with current monthly visits.**

- Modoc is currently at **100%** as of October 30, 2003

Recurrence of Maltreatment (Recurrence of maltreatment within 12 months after first substantiated allegation): **Federal California target, less than 10.7%.**

- Modoc is currently at **15.4%** as of September 30, 2002 (State’s most recent data).

Permanency:

Exit to Reunification (Children who entered FC for the first time what per cent were reunified within 12 months?): **Federal California target, more than 53.2%.**

- Modoc is currently at **100%** as of September 30, 2003 (State’s most recent data).

Foster Care to Adoption (Children who entered foster care for the first time what per cent were adopted within 24 months?): **Federal California target, more than 18%.**

- Modoc is currently at **40%** as of September 30, 2003 (State’s most recent data).

Foster Care Re-entry (% of children who re-entered foster care within 12 months of reunification.): **Federal California target, less than 10.7%.**

- Modoc is currently at **8.3%** as of September 30, 2003 (State's most recent data).

Well Being:

Children to Self Sufficiency: **No Federal or State target established but the county goal is that 90% of children successfully transition to self sufficiency.**

- Modoc is currently at **90%** as of September 30, 2003 (State's most recent data).

Outcome/Systemic Factor #1: Implement a new intake system with a multidisciplinary review/assessment of “high risk” families. Implement use of the structured decision making assessment tool throughout the program. Emphasize intake process to identify and address family needs immediately utilizing preventative / early intervention services.					
County’s Current Performance: Despite the turnover in staff over the past 4 years, MCDSS has been able to respond to referrals on a timely basis at least 90% of the time. The department’s goal is 100%. The department also wants to ensure that all children in care are seen monthly without fail. Additionally, prevention/early intervention services will be emphasized for intake cases.					
Improvement Goal 1.0 Meet the CDSS regulatory compliance requirements for the “safe measures”, timely response to referrals, recurrence of maltreatment, and timely social worker visits.					
Strategy 1. 1 Implement a multidisciplinary intake system using Mental Health, Drug & Alcohol, Systems of Care, Public Health, & Probation, etc.				Strategy Rationale Maximize and fully utilize the collaborative strength of other discipline assessment and staffing capabilities.	
Milestone	1.1.1 Multidisciplinary case reviews conducted weekly.	Timeframe	October 1, 2004.	Assigned to	Department Director, CPS Supervisor & Chief Probation Officer.
Strategy 1. 2 Train staff on the use of the structured decision making risk assessment tool.				Strategy Rationale Provide a means of uniformly assessing all intake cases and addressing all areas of clinical concern with the cases.	
Milestone	1.2.1. Develop the policies and procedures to implement the structured decision making assessment for the intake process.	Timeframe	April 1, 2005	Assigned to	Department Director, CPS Supervisor & Chief Probation Officer.
	1.2.2 Train staff in use of the structured decision making assessment for intake		January 1, 2005.		Department Director, CPS Supervisor & Chief Probation Officer.
Strategy 1. 3 Implement the use of the “structured decision making assessment tool” in the intake process.				Strategy Rationale Provide a means of uniformly assessing all intake cases and addressing all areas of clinical concern with the cases.	

Milestone	1.3.1 All intake cases will be screened utilizing the structured decision making assessment tool and referrals to prevention/early intervention services will be emphasized.	Timeframe	July 1, 2005.	Assigned to	CPS Supervisor.
Notes: Staffing and other strategy implementation will be necessary to complement this goal.					
Describe systemic changes needed to further support the improvement goal. The ongoing unit of FM, FR, and PP cases needs to be established.					
Describe educational/training needs (including technical assistance) to achieve the improvement goals. See Strategy 1.2.					
Identify roles of the other partners in achieving the improvement goals. None.					
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. None.					

2. Outcome/Systemic Factor #2

- Implement a strength based family oriented treatment service system utilizing the multidisciplinary collaborative system of services in Modoc County (Family Dependency Drug Court, System of Care).
 - Develop MOU's to provide Mental Health counseling services to every child in CPS within 2 weeks of entering the CPS system.
 - The child welfare system/Probation partners select and develop an implementation plan for utilizing the strength based family provision of services.
 - Provide training to staff and system members on strength based family treatment models.
 - Implement the family oriented system of treatment in collaboration with Drug Court, System of Care, and Prop 10 partners.

Outcome #2 will address this set of indicators:

Safety:

Recurrence of Maltreatment (Recurrence of maltreatment within 12 months after first substantiated allegation): **Federal California target, less than 10.7%.**

- Modoc is currently at **15.4%** as of September 30, 2002 (State's most recent data).

Permanency:

Exit to Reunification (Children who entered FC for the first time what per cent were reunified within 12 months?): **Federal California target, more than 53.2%.**

- Modoc is currently at **100%** as of September 30, 2003 (State's most recent data).

Foster Care to Adoption (Children who entered foster care for the first time what per cent were adopted within 24 months?): **Federal California target, more than 18%.**

- Modoc is currently at **40%** as of September 30, 2003 (State's most recent data).

Foster Care Re-entry (% of children who re-entered foster care within 12 months of reunification.): **Federal California target, less than 10.7%.**

- Modoc is currently at **8.3%** as of September 30, 2003 (State's most recent data).

Stability of Foster Care Placements (% of children with less than 1 or 2 placement changes in 12 months of care.): **Federal California target, less than 22.2%.**

- Modoc is currently at **16%** as of September 30, 2003 (State's most recent data).

Outcome/Systemic Factor #2: Implement a strength based family oriented treatment service system utilizing the multidisciplinary collaborative system of services in Modoc County (Family Dependency Drug Court, System of Care).					
County’s Current Performance: There is no current departmental policy focusing on strength based family services. Indicators in safety and permanency will be addressed.					
Improvement Goal 2.0 Successful intervention requires the cooperation of the family in treating the dysfunctional system. Moving to a strength based policy increases the effectiveness of the intervention for the whole family. Early intervention and treatment services for children and families are critical to their recovery process.					
Strategy 2. 1 Develop MOU to provide Mental Health counseling services to every child in CPS as part of the case plan.				Strategy Rationale¹ Early treatment services to children and families are critical to their recovery process. Mental Health is supportive of partnering to provide these services to CPS.	
Milestone	2.1.1 Develop an MOU with Mental Health to provide counseling services to every child and family involved in CPS.	Timeframe	December 1, 2004.		Assigned to Department Director and CPS Supervisor.
Strategy 2. 2 The child welfare system partners select and develop an implementation plan for utilizing the strength based family provision of services.				Strategy Rationale¹ Successful intervention requires the cooperation of the family in treating the dysfunctional system. Moving to a strength based policy increases the effectiveness of the intervention.	

Milestone	2.2.1 Meet with the CWS and Family Dependency Drug Court partners to select a strength based family intervention model.	Timeframe	January 1, 2005	Assigned to	All CWS partners, and Family Dependency Drug Court Partners
	2.2.2 Provide training to staff and system members on strength based family treatment model.		June 1, 2005		Department Director, CPS Supervisor and Chief Probation Officer.
	2.2.3 Implement the family oriented system of treatment in collaboration with Drug Court, System of Care, and Prop 10 partners.		October 1, 2005		All CWS partners, Family Dependency Drug Court.
Notes: This strategy is intended to address the need to actively engage the families CPS and Probation works with to provide successful treatment to the dysfunction they struggle with.					
Describe systemic changes needed to further support the improvement goal. None, only policy change.					
Describe educational/training needs (including technical assistance) to achieve the improvement goals. Training will be provided by CDSS, U.C. Davis or other organizations.					
Identify roles of the other partners in achieving the improvement goals. Will involve community partners.					
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. None.					

3. Outcome/Systemic Factor #3

- Community Collaboration. Continue to work collaboratively with the Modoc child welfare system stakeholders for the following goals:
 - Oversee the redesign process.
 - Develop a coordinated community strategy for prevention and early intervention services for children.
 - Identify service gaps in the community “fill in the service gaps”

Outcome #3 will address this set of indicators:

Safety:

Recurrence of Maltreatment (Recurrence of maltreatment within 12 months after first substantiated allegation): **Federal California target, less than 10.7%.**

- Modoc is currently at **15.4%** as of September 30, 2002 (State’s most recent data).

Permanency:

Exit to Reunification (Children who entered FC for the first time what per cent were reunified within 12 months?): **Federal California target, more than 53.2%.**

- Modoc is currently at **100%** as of September 30, 2003 (State’s most recent data).

Foster Care to Adoption (Children who entered foster care for the first time what per cent were adopted within 24 months?): **Federal California target, more than 18%.**

- Modoc is currently at **40%** as of September 30, 2003 (State’s most recent data).

Foster Care Re-entry (% of children who re-entered foster care within 12 months of reunification.): **Federal California target, less than 10.7%.**

- Modoc is currently at **8.3%** as of September 30, 2003 (State’s most recent data).

Well Being:

Children to Self Sufficiency: No Federal or State target established but the county goal is that 90% of children successfully transition to self sufficiency. Modoc is currently at 90% as of September 30, 2003 (State’s most recent data).

Outcome/Systemic Factor #3: Connect and collaborate with the community child welfare service system. Become an active partner in the collaborative work of the community as they continuously work to develop new service resources and implement prevention strategies. Conduct quarterly collaborative meetings to address service needs in the community.					
County's Current Performance: Modoc County has had a successful community collaborative network mainly focusing around their drug court projects. This proposal will be to expand that collaborative and include more of the community partners and to develop additional services.					
Improvement Goal 3.0 Expand the partnerships of the child welfare service providers and strengthen the community's involvement in providing services to children.					
Strategy 3. 1 Participate in the quarterly collaborative meetings. The purpose of these meetings are to <ul style="list-style-type: none">• oversee the AB 636 redesign process,• develop strategy for prevention and early intervention services for children,• identify service gaps in the community “fill in the service gaps”			Strategy Rationale² Many progressive programs and strategies have been implemented by the collaborative activities of the Modoc community. This goal will enhance efforts at collaboration and will improve the services to children in the community.		
Milestone	3.1.1 Conduct quarterly collaborative meetings with the 3 cited goals.	Timeframe	Beginning November 2004 and ongoing.	Assigned to	Department Director and Chief Probation Officer.
Notes: Assistance with meeting facilitation may be required.					

<p>Describe systemic changes needed to further support the improvement goal.</p> <p>None.</p>
<p>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</p> <p>None.</p>
<p>Identify roles of the other partners in achieving the improvement goals.</p> <p>Create collaborative relationships between Modoc County Drug Courts, Probation and Child Welfare Services</p>
<p>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</p> <p>None.</p>

4. Outcome/Systemic Factor #4

- Implement a quality assurance program.
 - Develop a quality assurance program for the CPS program that addresses all of the program components and their performance standards. Implement the program by October 1, 2005.

The corrective action plan was implemented in 2002 to address systemic outcome factors. Implementation was facilitated by acquisition of the Safe Measures Quality assurance program, training of staff, and hiring of a social worker supervisor.

Outcome/Systemic Factor #4: Establish a quality assurance system.					
County's Current Performance: There is no current quality assurance program for either Children's Protective Services or Probation.					
Improvement Goal 4.0 A CPS/Probation quality assurance program will be implemented by October 1, 2005.					
Strategy 4. 1 Develop a methodology for performing quality assurance in the CPS/Probation programs.			Strategy Rationale³ Quality assurance will assist in meeting program regulatory compliance for Modoc County.		
Milestone	4.1.1 Meet with staff and consultant to develop a quality assurance program that meets the needs of both agencies.	Timeframe	Begin October 1, 2004 and develop plan by October 1, 2005.	Assigned to	Social Services Director and Chief Probation Officer
Strategy 4. 2 Appropriately staff the quality assurance component.			Strategy Rationale¹ This will be a new component to the CPS/Probation program		
Milestone	4.2.1. Develop a peer group to address the Modoc quality assurance program.	Timeframe	October 1, 2005.	Assigned to	Social Services Director and Chief Probation Officer
Notes: This is a new component for these departments programs and development time will need to occur to engage and train staff on the concept and process.					
Describe systemic changes needed to further support the improvement goal. This QA component will need to be integrated into the CPS/Probation system. Staff will need to be engaged and trained in the concept of QA.					
Describe educational/training needs (including technical assistance) to achieve the improvement goals. A quality assurance program needs to be identified and developed for Modoc CPS/Probation.					
Identify roles of the other partners in achieving the improvement goals. The collaborative partners will provide input into the selection and development of the quality assurance system.					
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. None.					

5. Outcome/Systemic Factor #5

- Develop a plan to address the systemic changes of the System Improvement Plan.

With Dependency Drug Treatment Court as the primary strategy, it is the intent of the Department of Social Services and its partners to reduce the number of children re-entering the Child Welfare Services.

The Modoc County Department of Social Services along with Dependency Drug Treatment Court, through a collaborative effort, seeks to ensure that every child has a safe, stable, and nurturing environment by focusing on healthy and sober parenting and permanency planning, including family reunification.

Modoc County will build on the collaborations and programs within the county to better facilitate the redesign process with the intent of building the dependency drug court into the local Redesign.

Outcome/Systemic Factor #5: Plan Development					
County's Current Performance: Currently meets the safe measures performance criteria.					
Improvement Goal 5.0 Meet all of the CDSS regulatory compliance requirements, address redesign changes, and maintain performance of foster care re-entries at 8.6% or less. Foster care re-entries is a key data element that indicates the effectiveness of child maltreatment.					
Strategy 5. 1 Develop plan to address the Modoc System Improvement Plan changes.			Strategy Rationale⁴ Reducing re-entry into foster care is critical to the effectiveness of the CPS/Probation program. Develop plan to continue to address child maltreatment, address the system improvement changes. Currently Modoc County is performing better than the Federal target and continuing this performance is critical.		
Milestone	5.1.1 Development of a staffing plan to meet all of the CPS program components and systemic changes.	Timeframe	January 1, 2005. Implement staffing plan in 2005/2006 budget.	Assigned to	Social Services Director and Chief Probation Officer
Notes: Rate of foster care re-entry is a key data element to reflect the safety of children in Modoc County. The more successful the treatment the less potential for children to re-enter the foster care system at a later date.					
Describe systemic changes needed to further support the improvement goal. Reference the other change elements identified in this report.					
Describe educational/training needs (including technical assistance) to achieve the improvement goals. Reference the other change elements identified in this report.					
Identify roles of the other partners in achieving the improvement goals. Reference the other change elements identified in this report.					
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. None.					